

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000049332

Entity Name: TEKONESOLUTIONS INC.

FILED
Aug 12, 2009
Secretary of State

Current Principal Place of Business:

28640 HANGING MOSS LOOP
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

4118 WEST GRACE STREET
TAMPA, FL 33607

Current Mailing Address:

19046 BRUCE B DOWNS #166
TAMPA, FL 33647

New Mailing Address:

4118 WEST GRACE STREET
TAMPA, FL 33607

FEI Number: 22-3928448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

REID, DEAN A PD
4118 WEST GRACE STREET
TAMPA, FL 33607 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEAN A. REID

08/12/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REID, DEAN
Address: 28640 HANGING MOSS LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD () Delete
Name: DAVIS, TYRONE
Address: 28640 HANGING MOSS LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VD () Delete
Name: JOHNSON, DARYL
Address: 28640 HANGING MOSS LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REID, DEAN
Address: 4118 WEST GRACE STREET
City-St-Zip: TAMPA, FL 33607

Title: VD (X) Change () Addition
Name: DAVIS, TYRONE
Address: 4118 WEST GRACE STREET
City-St-Zip: TAMPA, FL 33607

Title: VD (X) Change () Addition
Name: JOHNSON, DARYL
Address: 4118 WEST GRACE STREET
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN A REID

PD

08/12/2009

Electronic Signature of Signing Officer or Director

Date